Initiating a Field Medical Card

Purpose of the US Field Medical Card (DD Form 1380)

- Provides medical personnel with essential information about the casualty's injury and treatment given
- Used in forward combat areas by North Atlantic Treaty Organization (NATO) troops
- Instructions in French and English
- Prepared on any casualty treated within a theater of operations

US Field Medical Card (DD Form 1380)

- Issued in a pad
- Pad contains 10 sets
- Set consists of card with attached wire, protective sheet, and duplicate paper form
- Blocks 1, 3, 4, 9, 11 (primary information)

Block 1

1. LAST NAME, FIRST NAME / NOM ET PRENOM		RANK/GRADE		MALE / HOMME
				FEMALE / FEMME
SSN / NUMERO MATRICULE	SPECIALTY CODE / GPM			RELIGION / RELIGION

Name Enter casualty's name in last name, first name, middle initial format

Rank Enter abbreviation of casualty's rank (SGT, CPT)

SSN Enter Casualty's social security number. If the casualty is a member of a foreign military, or prisoner of war, enter military service number instead. Leave blank if not in military

MOS Enter casualty's military occupation specialty (MOS) code if enlisted or area of concentration (AOC) if an officer in the box titled "SPECIALTY CODE/GPM"

Sex Mark the appropriate box to the left of "MALE / HOMME" "FEMALE / FEMME

Block 3

If casualty is suffering trauma (battle casualty), mark box **“BC/BC”**

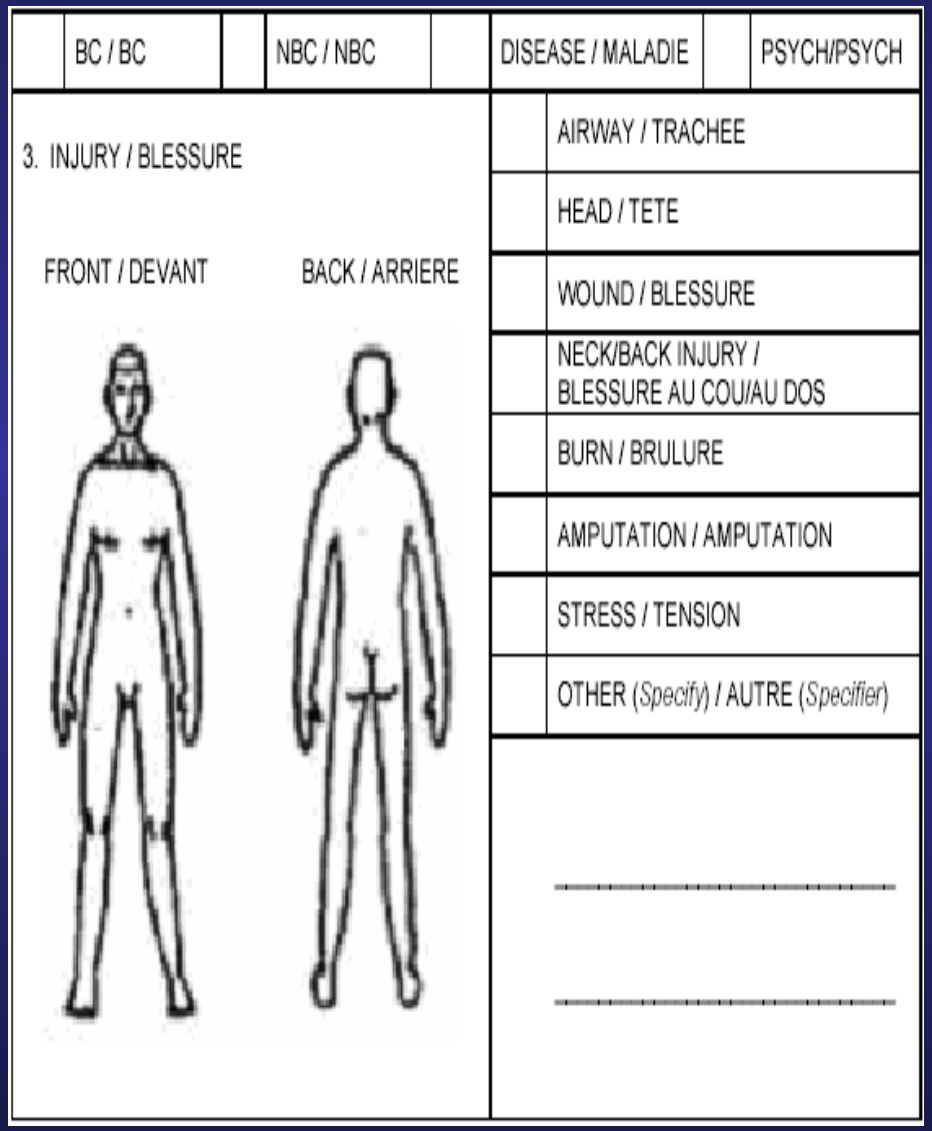
If nuclear, biological, or chemical casualty, mark box **“NBC/NBC”**

If casualty is ill and is not classifiable as one of the other three categories, mark box **“DISEASE/MALADE”**

If casualty is suffering from combat stress or other psychological injury, mark box **“PSYCH/PSYCH”**

Mark figures to show location of injuries (entry and exit)

Mark appropriate box or boxes to describe casualty’s injuries



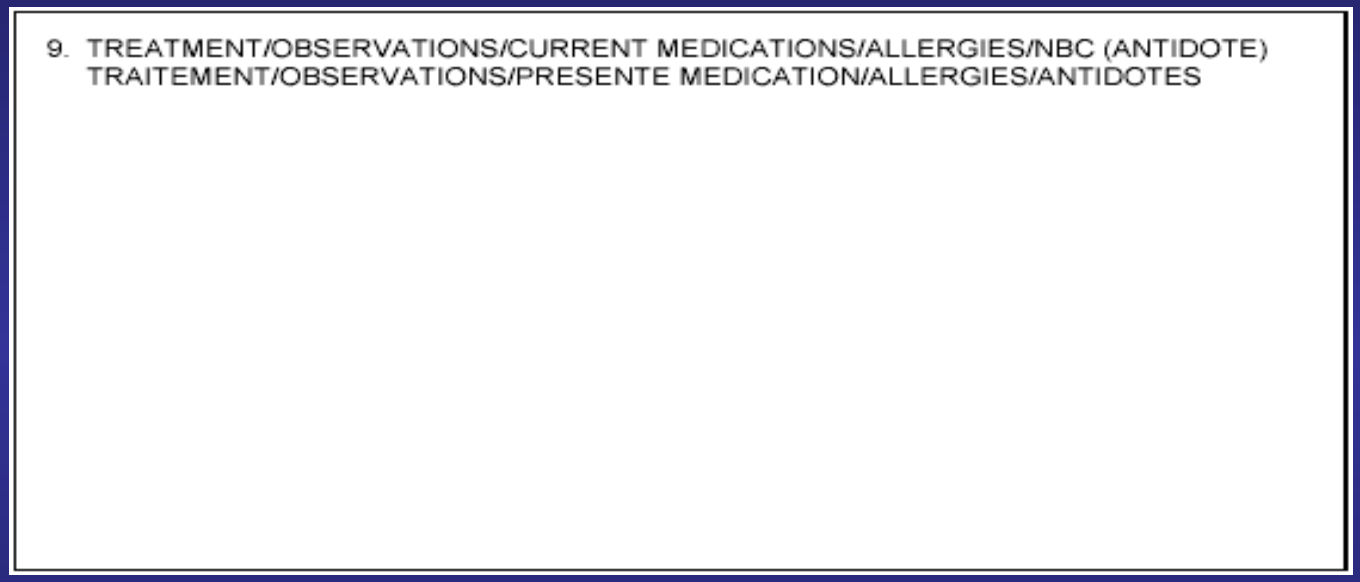
Block 4

4. LEVEL OF CONCIOUSNESS / NIVEAU DE CONSCIENCE			
	ALERT / ALERTE		PAIN RESPONSE / REPONSE A LA DOULER
	VERBAL RESPONSE / REPONSE VEBALE		UNRESPONSIVE / SANS REPONSE

Check appropriate box for level of consciousness

AVPU system

Block 9



Enter a brief description of the treatment given

Use approved abbreviations if possible

If needed, use block 14 for additional space

Authorized Abbreviations

- Abraded wound – Abr W
- Contused wound – Cont W
- Fracture (compound) open – FC
- Fracture simple (closed) – FS
- Fracture (compound) open comminuted - FCC
- Gun shot wound – GSW
- Lacerated wound – LW
- Multiple wounds – MW
- Penetrating wound – Pen W
- Perforating wound – Perf W
- Severe – SV
- Slight - SL

Block 11

11. PROVIDER/UNIT / OFFICIER MEDICALE/UNITE	DATE/DATE *(YYMMDD)*

Enter your initials (not your name) in the far right of the signature box of Block 11

This will let medical personnel know who initially treated the casualty and still leave room for the medical officer to sign the card

Secondary Information (Front of Form)

If you have time, you can also fill out some of the other blocks on the front of the form after you have filled in the primary five blocks

Block 2

2. UNIT / UNITE				
FORCE / ELEMENT				NATIONALITY / NATIONALITÉ
A/T	AF/A	N/M	MC/M	

Enter the casualty's unit

Enter the casualty's country, for example "USA"

Check the appropriate armed service element. Mark the "A/T" box for Army, "AF/A" for Air Force, "N/M" for Navy, and "MC/M" for Marine Corps

Block 5/6

5. PULSE / POULS	TIME / HEURE	6. TOURNIQUET / GARROT ☐ NO / NON ☐ YES / OUI	TIME / HEURE

Skip Block 5 since you have not been taught to take an accurate pulse and record it properly

BLOCK 6: If a tourniquet was applied, mark the YES block. If not applied, leave blank

If you checked “YES”, enter date in YY/MM/DD format and the time in 24-hour time that the tourniquet was applied

Block 7

7. MORPHINE / MORPHINE ☐ NO / NON ☐ YES / OUI	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE

Skip this block

Used by Combat Medic to record the administration of Morphine

Block 8

7. MORPHINE / MORPHINE ☐ NO / NON ☐ YES / OUI	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE

If an intravenous infusion (IV) has been initiated:

Write the type of IV fluid (Hextend) in the “IV/IV” box

Write the date and time that the IV solution was begun in the “TIME/HEURE” box. Write the date in YY/MM/DD format and the time in 24-hour time

Block 10

10. DISPOSITION / DISPOSITION		RETURNED TO DUTY/RETOUR A L'UNITE	TIME/HEURE
		EVACUATED/EVACUE	
		DECEASED/DECEDE	

Check the box in front of the appropriate disposition (Return to Duty or Evacuated)

Enter the date (YY/MM/DD) and time (military) of the disposition in the “TIME/HEURE” box

Reverse Side of the Field Medical Card

The reverse side of the Field Medical Card is normally filled out by medical personnel or other personnel once the casualty reaches a medical treatment facility, such as a battalion aid station (BAS). Your self study book contains a discussion on these blocks. Since you will not be involved in filling them out, they will not be covered in this lesson

1. LAST NAME, FIRST NAME / NOM ET PRENOM | RANK/GRADE | MALE / HOMME | FEMALE / FEMME

SSN / NUMERO MATRICULE | SPECIALTY CODE / GPM | RELIGION / RELIGION

2. UNIT / UNITE

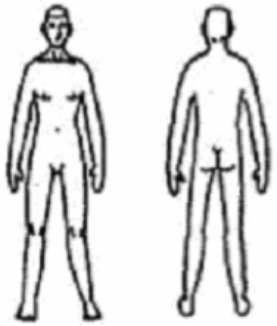
FORCE / ELEMENT | NATIONALITY / NATIONALITÉ

A/T | AF/A | N/M | MC/M

BC / BC | NBC / NBC | DISEASE / MALADIE | PSYCH/PSYCH

3. INJURY / BLESSURE

FRONT / DEVANT | BACK / ARRIERE



- AIRWAY / TRACHEE
- HEAD / TETE
- WOUND / BLESSURE
- NECK/BACK INJURY / BLESSURE AU COU/AU DOS
- BURN / BRULURE
- AMPUTATION / AMPUTATION
- STRESS / TENSION
- OTHER (*Specify*) / AUTRE (*Specifier*)

_____

_____

4. LEVEL OF CONCIOUSNESS / NIVEAU DE CONSCIENCE

- ALERT / ALERTE
- VERBAL RESPONSE / REPONSE VEBALE
- PAIN RESPONSE / REPONSE A LA DOULER
- UNRESPONSIVE / SANS REPONSE

5. PULSE / POULS | TIME / HEURE

6. TOURNIQUET / GARROT | NO / NON | YES / OUI | TIME / HEURE

7. MORPHINE / MORPHINE | NO / NON | YES / OUI | DOSE / DOSE | TIME / HEURE

8. IV / IV | TIME / HEURE

9. TREATMENT/OBSERVATIONS/CURRENT MEDICATIONS/ALLERGIES/NBC (ANTIDOTE)
TRAITEMENT/OBSERVATIONS/PRESENTE MEDICATION/ALLERGIES/ANTIDOTES

10. DISPOSITION / DISPOSITION

- RETURNED TO DUTY / RETOUR A L'UNITE
- EVACUATED / EVACUE
- DECEASED / DECEDE

TIME / HEURE

11. PROVIDER/UNIT / OFFICIER MEDICALE/UNITE | DATE/DATE (*YYMMDD*)

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US FIELD MEDICAL CARD

12. REASSESSMENT / REASSESSMENT

DATE/DATE (*YYMMDD*)	TIME OF ARRIVAL / HEURE D'ARRIVÉE			
TIME / HEURE				
BP / PS				
PULSE / POULS				
RESP / RESP				

DATE/TIME
DATE/HEURE

13. CLINICAL COMMENTS/DIAGNOSIS
L'INFORMATION MEDICALE/DIAGNOSTIQUES

14. ORDERS/ANTIBIOTICS (*Specify*)/TETANUS/IV FLUIDS
DIRECTIVES MEDICALES/ANTIBIOTIQUES ((*Specifier*))/TETANOS/IV FLUIDE

15. PROVIDER / OFFICIER MEDICALE | DATE/DATE (*YYMMDD*)

16. DISPOSITION / DISPOSITION

- RETURNED TO DUTY / RETOUR A L'UNITE
- EVACUATED / EVACUE
- DECEASED / DECEDE

TIME / HEURE

17. RELIGIOUS SERVICES
SERVICES RELIGIEUX

- BAPTISM / BAPTISE
- PRAYER / PRIERE
- ANOITING / ONCTION
- COMMUNION / COMMUNION
- CONFESSION/CONFESSION
- OTHER / AUTRE

CHAPLAIN / CHAPILAIN

DD FORM 1380, DEC 91 (Back)

US FIELD MEDICAL CARD

Questions?